

CU Certification of Completion

CU DREDGING COMPLETION APPROVAL - FORM 1					
Reporting Date	<input style="width: 90%;" type="text"/>	Dredging Start Date	<input style="width: 90%;" type="text"/>	End Date	<input style="width: 90%;" type="text"/>
CU Number	<input style="width: 95%;" type="text"/>				
Approximate CU Centroid	Northing	<input style="width: 90%;" type="text"/>	Easting	NY State NAD 83	
CU Size	Acres <input style="width: 90%;" type="text"/>				
No of Dredge Attempts	<input style="width: 90%;" type="text"/>	→	Inventory	<input style="width: 90%;" type="text"/> Redredge	
Data collected/calculated after dredging pass for: (Note if additional inventory re-dredging attempts are necessary, an additional form will be attached)					
	Initial Dredge	Inventory Re-dredge	1 <sup>st</sup> Residual Re-dredge	2 <sup>nd</sup> Residual Re-dredge	
Number of Nodes Sampled	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Average Tri+ PCBs Concentration	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Median Tri+ PCBs Concentration	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Nodes ≥ 15 mg/kg Tri+ PCBs	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Nodes ≥ 27 mg/kg Tri+ PCBs	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
All data are for this CU only					
In Navigation Channel? <input type="checkbox"/> Yes <input type="checkbox"/> No					
CU Checklist	Indicate one of the following		Reviewer Initial Acceptance		
Item	Attached	Not Applicable	GE	EPA	
Drawing of Target and Post-Dredge Mudline Elevations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing of Confirmatory Sampling Locations, Resulting Tri + PCB data, and Identification of Non-Compliant Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sediment Imaging (if performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Acre Area Option Calculation Sheet (if performed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing of Areas to be Backfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drawing of Areas to be Capped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate all that apply: <input type="checkbox"/> Residual target met, approved for backfill <input type="checkbox"/> Residual target met, no backfill required due to _____ <input type="checkbox"/> Residual target not met, approved for capping <input type="checkbox"/> Residual target not met, approved for special cap in navigation channel <input type="checkbox"/> Inventory remaining, approved for capping					
Comments:          					
Upon signing this document, GE certifies that the sediment removal for the aforementioned CU is complete and that no additional dredging is necessary. This document also serves to certify that removal activities are complete and that the CU can be backfilled or capped as indicated. EPA accepts this certification and the CU can be backfilled or capped as indicated.					
Signature of GE Representative	Signature of EPA Representative				
Signature _____	Signature _____				
Name _____	Name _____				
Date _____	Date _____				

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<b>CU DREDGING COMPLETION APPROVAL - FORM 1</b>
<b>Information to be included on drawings or on calculation sheets:</b>
<b><u>Drawing of Post-Dredging Mudline Elevations</u></b>
Initial target elevations Target elevations and horizontal extent of missed inventory and of first and second residual dredging passes (if attempted) Mudline elevations following each dredging pass Navigation channel boundaries Description of sediment type(s) encountered Discussion of any contingency actions taken
<b><u>Drawing of Confirmatory Sampling Locations, Resulting Tri + PCB Data, and Identification of Non-Compliant Nodes</u></b>
Narrative summary explaining the depth of cut for each dredging attempt Shows the number of samples locations per CU is in compliance with the PSCP
Sample locations (coordinates), depths, Aroclor and Tri+ PCB concentrations collected after each dredging attempt including analytical data, field observations. [in database format or equivalent] of the data will be provided); results of data verification/validation Integration of EPA split samples (if available within time to be used in decision-making.
Non-compliant nodes locations and concentrations at each node and the non-compliant area to be re-dredged or capped Table of summary statistics Horizontal extent of areas to be redredged, backfilled or capped with associated summary statistics Locations of sediment image collection points, if performed
<b><u>Sediment Imaging (If performed)</u></b>
Photographs of sediment images collected from each location and associated interpretation
<b><u>20 Acre Area Option Calculation Sheet (if performed)</u></b>
Table of sample nodes used in calculations and associated Tri+ PCB data Reference to appropriate CU Certification of Completion Forms from contributing CUs Table of summary statistics
<b><u>Drawing of Areas to be Backfilled (with specifications and appropriate section details)</u></b>
Horizontal extent of areas to be backfilled Predicted change in original bottom elevation, after backfilling Reference to appropriate backfill material specifications and applicable design information Backfill material specifications and/or cross-section details, if variance from reference documents necessary Navigation channel boundaries
<b><u>Drawing of Non-Compliant Areas to be Capped (with specifications and appropriate section details)</u></b>
Horizontal extent of areas to be capped, for each cap type (Inventory or Residual) Predicted change in original bottom elevation, after capping Reference to appropriate cap material specifications and applicable design information Reference to appropriate cap cross-section Cap material specifications and/or cross-section details, if variance from reference documents necessary Navigation channel boundaries

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CU BACKFILL/ENGINEERED CAP COMPLETION APPROVAL - FORM 2						
Reporting Date	<input type="text"/>	Placement Start Date	<input type="text"/>			
CU Number	<input type="text"/>	Placement End Date	<input type="text"/>			
Approximate CU Centroid Northing	<input type="text"/>	Easting	<input type="text"/>	NY State NAD 83		
CU Size	<input type="text"/>	Acres				
Backfill Area	<input type="text"/>	Acres				
Cap Area	<input type="text"/>	Acres				
Backfill Surface Mean Tri+ PCBs Concentration (when required)	<input type="text"/>	mg/kg				
Number of nodes sampled	<input type="text"/>	mg/kg				
<b>Backfill</b>	Type of Backfill	Reference to appropriate drawings attached to Approval Form 1				
<b>Cap</b>	Type of Cap	Reference to appropriate drawings attached to Approval Form 1				
<b>CU Checklist</b>		Indicate one of the following		Reviewer Initial Acceptance		
<b>Item</b>	<b>Attached</b>	<b>Not Applicable</b>	<b>GE</b>	<b>EPA</b>		
Drawing of Installed Backfill/Cap (with record drawing details, thickness and sample locations [when backfill/cap are placed])	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Where applicable in backfill areas provide the following: Sample locations (coordinates), depths, Aroclor and Tri+ PCB concentrations collected including analytical data, field observations, (hard copy and electronic copies [in database format or equivalent])	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Comments						
Upon signing this document, GE certifies that the backfill/cap has been installed satisfactorily and that no further backfill placement or capping is required for this CU. These remedial activities exclude long term operation, monitoring, maintenance and adaptive management at the CU. EPA accepts this certification.						
<b>Signature of GE Representative</b>			<b>Signature of EPA Representative</b>			
Signature _____			Signature _____			
Name _____			Name _____			
Date _____			Date _____			

CU Certification of Completion

<b>FINAL CU CONSTRUCTION COMPLETION CERTIFICATION - FORM 3</b>							
	Reporting Date	<input type="text"/>		Completion Date	<input type="text"/>		
	CU Number	<input type="text"/>					
	Approximate CU Centroid	Northing	<input type="text"/>	Eastings	<input type="text"/>	NY State NAD 83	
	CU Size	Acres <input type="text"/>					
CU Checklist		Indicate one of the following			Reviewer Initial Acceptance		
Item	Attached	Not Applicable	GE	EPA			
Record drawing of Location and Type of Habitat Replacement/Reconstruction (including method)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Drawing of Final Mudline Elevation and Profile noting changes from original profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							
Upon signing this document, GE certifies that the remedial activities related to the CU are complete and that no further action is required. These remedial activities exclude replantings and other activities that are part of initial restoration/reconstruction efforts, long term operation, monitoring, maintenance and adaptive management at the CU. EPA accepts this certification.							
<b>Signature of GE Representative</b>				<b>Signature of EPA Representative</b>			
Signature _____				Signature _____			
Name _____				Name _____			
Date _____				Date _____			